



**Missouri Department of Insurance, Financial Institutions & Professional Registration
Insurance Market Regulation Division
Life & Health Section**

Company Name: _____

Form # as it appears on the TD-1: _____

This form will be used in the following markets (please indicate all that apply):	
Large Group	Small Group

If the filing is used in a group or group type market, please indicate all that apply:	
Employer/(Single)Employer Trust; <u>376.421.1(1)RSMo</u> _____	Association; <u>376.421.1(5) RSMo</u> _____
Creditor; <u>376.421.1(2) RSMo</u> _____	Assoc. Sm. & Large Empl. <u>376.421.1(5)(e)</u> _____
Labor Union; <u>376.421.1(3) RSMo</u> _____	Credit Union; <u>376.421.1(6) RSMo</u> _____
Trust (MET, etc); <u>376.421(4) RSMo</u> _____	Discretionary; <u>376.421.2 RSMo</u> _____

DESCRIPTION OF PROVISIONS FOR GROUP MEDICAL EXPENSE			
REVIEW REQUIREMENTS	Citation	Summary	Location in Contract (page and section #) If Applicable

Filing Submissions

Transmittal Document	<u>20 CSR 400-8.200(3)(B)</u>	Format may be different for SERFF filings.	
Cover Letter	(3)(C)	Letter of transmittal which briefly describes benefits, purpose, and intended market. Disclose if form is new or a replacement.	
Separate Submissions	(3)(D)&(E)	Life filed separate from health & group from individual.	

Policy Forms

Filing submissions	<u>20 CSR 400-8.200</u>	Procedures for filing all policy forms	
Free Look	<u>20 CSR 400-2.010</u>	10 day free look period for discretionary group policy forms only	
C.O.B.	<u>20 CSR 400-2.030</u>	Coordination of benefits – group only	
Definitions	<u>20 CSR 400-2.060(2)</u>	Definitions for Hospital, Alcohol treatment facility, Intensive care unit	
Elements of coverage required	<u>20 CSR 400-2.060(3)</u>	Elements of coverage required	-----
Insured in the Military	(A)	If benefits are not provided for those who joined the military; pro-rata unearned refund. For discretionary groups only.	
Benefits reduced	(B)	If benefits are reduced due to age, policy must disclose in conspicuous print and location. For discretionary groups only.	
Application changes	(C)	Company may disclaim agents authority to alter contract or grant insurability – Prohibits certain language	
Government hospital	(D)	Hospital reimbursement contracts not affected	



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		by confinement in government hospital	
Calculating benefits payable	(E)	Deductible shall be applied to allowable expenses prior to applicable coinsurance	
Prohibited language	(F)	Prohibits "accidental means" tests. Review Reg. for additional prohibited exclusions	
Alcoholism	(G)	Coverage for hospital or treatment facility for alcoholism treatment. May be limited to 30days	
Essential conditions to be contained	<u>20 CSR 400-2.060(4)</u>	Essential conditions to be contained	-----
Certificate - group	(A)	Certificate of Coverage to be delivered must be submitted for approval with master policy	
Variables - group	(B)	With accompanying statement, master contracts may be filed with variable wording	
Total Disability defined	(C)	Minimum standard for definition of Total Disability	
Residual Disability	(D)	Shall be defined in relation to the insured's reduction in earnings	
Application processing	(E)	Within 60 days of home office receipt; shall notify prospective insured of acceptance or rejection	
Suicide exclusion	(F)	May not exclude coverage for attempted suicide while insane	
Excluded occupational injuries	(G)	May exclude injuries arising in the course of employment	
Application Questions	<u>20 CSR 400-2.120</u>	<ul style="list-style-type: none"> • Questions must be factual relating to a diagnosis. • Questions relating to HIV, AIDS, ARC may be asked if other high risk medical conditions are asked. • Questions relating to medical & other factual matters (not a specific diagnosis) must pertain to a finite period not to exceed 10 years. 	
Requirements for group health filings in-state and out-of-state	<u>20 CSR 400-2.130</u>	Affidavit/Requirements for Association and Discretionary Groups	
Disclosure	<u>375.924 RSMo</u>	Company address and telephone number	
Right of Recovery	376.384.1(3)	All health carriers shall not request a refund or offset against a claim more than twelve months after a health carrier has paid a claim.	
GROUP policies	<u>376.426 RSMo</u>	Required provisions for GROUP policies	-----
Grace period	(1)	Grace period provision (31 days)	
Incontestability	(2)	Validity of the policy shall not be contested after it has been in force for 2 years from date of issue	
Application	(3)	All statements shall be deemed representations and not warranties. No statement shall be used to contest unless a copy has been furnished to insured	



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Evidence of individual insurability	(4)	Conditions, if any, for which the insurer reserves the right to require evidence of insurability	
Preexisting conditions	(5)	Exclusion or limitation may only apply to condition which medical advice or treatment was received during 12 months prior...	
Misstatement of age	(6)	Amount of coverage to equal amount premium would have purchased at actual age at issue	
Certificate required	(7)	Insurer shall deliver to policy holder, to give to insured persons, a certificate of coverage's	
Notice of claim	(8)	Provision: written notice of claim must be given to insurer within 20 days after occurrence. *Failure may not invalidate claim-	
Claim forms	(9)	Insurer shall furnish forms for proof of loss within 15 days of request. Insured should be deemed to comply with requirements if company failures to furnish claim forms.	
Proof of claim	(10)	Time limit for filing proof of loss	
Time benefits are payable	(11)	Benefits payable within 30 days and/or not less frequently than monthly	
To whom benefits are payable	(12)	Benefits payable to beneficiary, estate, or minor.	
Autopsy	(13)	Examination and autopsy at company expense	
Legal action	(14)	No action at law prior to 60 days; within 3yrs	
Termination of policy	(15)	Provision: conditions for which the policy may be terminated	
Limiting age - handicapped children	(16)	Attainment of the limiting age for dependent children. Coverage for dependents chiefly dependent upon the policyholder	
Dependent coverage	(17)	Coverage provided for dependents who are no more than 25 years old	
Insuring Debtors	(18)	Issuance of a certificate to each debtor describing coverage.	
Diabetes	<u>376.385 RSMo.</u>	OFFER	
Drug Co-pay	<u>376.386 RSMo.</u>	1 co-pay for multi dosage, where applicable	
Drug Cancellation Notification	<u>376.392 RSMo.</u>	Carriers are required to notify enrollees 30 days prior to cancellation of a specific Rx.	
Conversion - group	<u>376.395-404 RSMo.</u>	Conversion upon termination of eligibility - group	
Newborn coverage	<u>376.406 RSMo.</u>	Moment of birth to 31 days. Plus an additional 10 days.	
Continuation of coverage	<u>376.428 RSMo.</u>	Continuation for terminated member - group	
Clinical Trials	<u>376.429 RSMo.</u>	Shall provide coverage for routine patient care costs incurred from phase II, III or IV clinical trials	



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Extension of Benefits - group	<u>376.438</u>	Provision for extension of benefits in the event of total disability at the date of any termination	
Public Hospitals	<u>376.778</u>	Payment to public hospitals	
Speech & Hearing	<u>376.781</u>	OFFER	
Mammography	<u>376.782 RSMo.</u>	Minimum requirements	
Child Health Supervision	<u>376.801 RSMo.</u>	OFFER (in writing)	
Elective abortions	<u>376.805 RSMo.</u>	Only as Optional Rider	
Coverage for adopted children	<u>376.816 RSMo.</u>	Provision identifying the effective dates of coverage for adoptive children	
Child Coverage: Discrimination Prohibited	<u>376.820</u>	Prohibited discrimination of child enrollment	
Spousal continuation - group	<u>376.891-894 RSMo.</u>	Following COBRA	
Direct access OB/GYN	<u>376.1199 RSMo.</u>	Direct access OB/GYN, Osteoporosis, Contraceptives	
Chemotherapy	<u>376.1200 RSMo.</u>	Chemotherapy/Bone Marrow Transplants - OFFER (in writing)	
Reconstructive surgery following mastectomy	<u>376.1209 RSMo.</u>	Coverage for reconstructive surgery & prosthetic devices following mastectomy. No time limits allowed.	
Minimum maternity benefits	<u>376.1210 RSMo.</u>	48/96 hr inpatient, postdischarge, etc.	
Childhood immunizations	<u>376.1215 RSMo.</u>	Childhood immunizations with no deductible or co-payment	
First Steps	<u>376.1218 RSMo.</u>	For children enrolled in the Part C early intervention system.	
PKU testing and formula	<u>376.1219 RSMo.</u>	Coverage for the treatment of phenylketonuria	
Newborn Hearing Screening	<u>376.1220</u>	Coverage for Newborn hearing screening, necessary re-screening, follow-up	
Coverage for hospital dental procedure	<u>376.1225</u>	Coverage for general anesthesia, hospital charges for dental care	
Coverage for Chiropractic Care	<u>376.1230</u>	Shall provide chiropractic care, as defined in chapter 331, RSMo, as part of basic health care services for covered conditions. No limits to the number of chiropractic service visits. Though, carriers may require that an authorization be obtained for any visit after the first 26 per policy period. <i>Does not apply to individually underwritten policies</i>	
Cancer Screenings	<u>376.1250</u>	Pelvic exam, prostate exam, colorectal exam, etc.	
Cancer Diagnosis- 2 nd Opinion	<u>376.1253</u>	Patient has the right to a referral for a second opinion.	
Antigen Testing	<u>376.1275</u>	Antigen testing – Bone marrow transplantation	



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Testing for lead poisoning	<u>376.1290</u>	OFFER	
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Mental Health / Chemical Dependency

Alcoholism	<u>376.779 RSMo</u>	30 days inpatient treatment for alcoholism - applicable if the benefits outlined under 376.811 are not automatically included or are rejected and the benefits outlined under 376.827 are not provided	
Definitions	<u>376.810</u>	Definitions: chemical dependency & mental illness	
Chemical dependency and mental illness benefits	<u>376.811</u>	OFFER	
Mental Health & Chemical Dependency	<u>376.825</u>	Mental Health & Chemical Dependency Minimums (If Coverage Included)	
Mental Health Parity	<u>376.1550</u>	No longer allows a time limit for in-patient requirement as found in 376.811.2(3). Applies to group policies with mental health coverage.	

Grievance Procedures & Utilization Review

Definitions UR	<u>376.1350 RSMo.</u>	Definitions UR	
Right to appeal	<u>376.1361.10</u>	Right to appeal for coverage of drugs & durable medical equip.	
UR Determinations	<u>376.1363 RSMo.</u>	Notification requirements for UR determinations	
Determination for emergency services	<u>376.1367 RSMo.</u>	UR or benefit determination for emergencies	
Utilization Review procedures	<u>376.1372 RSMo.</u>	UR procedures in EOC	
Grievance procedures in EOC	<u>376.1378 RSMo.</u>	Includes statement that enrollee can contact MDI at anytime	
Grievance procedures	<u>376.1382 RSMo.</u>	Guidelines for 1 st level grievance procedure identified	
Grievance: second level review	<u>376.1385 RSMo.</u>	Guidelines for 2 nd level grievance	
Expedited review	<u>376.1389 RSMo.</u>	Procedure for an expedited review	

SMALL GROUP

Provisions applicable to small group only:

Eligible Employee	<u>379.930.2(15) RSMo.</u>	Requirements for those who are eligible for coverage	
Late enrollee	<u>379.930.2(23) RSMo.</u>	Provision for a late enrollee	
Definition of Small Employer	<u>379.930.2(34) RSMo.</u>	Not less than 2 to 50 employees.	
Change of premiums	<u>379.938.4(2) RSMo.</u>	Rules relating to the carrier's ability change premiums.	



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<ul style="list-style-type: none"> • Pre-existing condition exclusions • Qualifying previous coverage • Waiting periods 	<u>379.940.2(1) RSMo.</u>	See 376.450 & 376.451 RSMo.	
Participation Levels	<u>379.940.2(2) RSMo.</u>	100% for groups 3 or less 75% for groups with more than 3 employees	

PROHIBITED

Arbitration	<u>435.350 RSMo.</u>	Arbitration is not allowed in contracts of insurance	
Subrogation & Third party recovery	<u>20CSR 400-2.030</u>	"Subrogation will not be allowed in any plan as distinguished from the rights to recovery"	
Application	<u>375.936 (11) (f) RSMo.</u>	Applications cannot ask if the applicant has been declined for other insurance	

This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. The **Bolded** descriptions are areas which MDI frequently requires Insurers to make revisions of their policies or contracts. With respect to ordinary Health & Accident policies, the remaining provisions are similar in substance to NAIC model regulations. **Please refer to the statues and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statues and Regulations always prevails over this checklist.**